

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**JAYSON CRAWFORD,**

**Plaintiff,**

**vs.**

**METROPOLITAN LIFE INSURANCE  
CO.,**

**Defendant.**

§  
§  
§  
§  
§  
§  
§  
§  
§  
§

**CIVIL ACTION NO. 3:16-CV-2402-B**

**DECLARATION OF KAY DEE FLEMING**

I, Kay Dee Fleming, declare under penalty of perjury pursuant to 28 U.S.C. § 1746 as follows:

1. I make this Declaration in a lawsuit brought by Jayson Crawford for life insurance benefits under the Southwest Airlines Co. Welfare Benefit Plan (the “Plan”). This Declaration is based upon my personal knowledge, as well as the files and records maintained by Metropolitan Life Insurance Company (“MetLife”) in the ordinary course of business, with which I am familiar. MetLife is the claims administrator and insurer for the Life Insurance and Accidental Death and Dismemberment portion of the Plan (the “Life Plan”).

2. I am employed by MetLife as a Senior Claims Examiner in MetLife’s Group Life Claims department. I am knowledgeable about how MetLife maintains claim files for group life claims and the procedures for processing and administering claims for benefits under group life plans, including the Life Plan. I am one of the MetLife Senior Claim Examiners with principal responsibility for identifying and producing the claim documents after a lawsuit is filed. As part of my duties I monitor emails from MetLife’s legal department regarding the filing of lawsuits involving claims for group life benefits. When a claim file is needed for a lawsuit, I am one of

the two MetLife Group Life Senior Claim Examiners who compile and prepare the claim file by retrieving the applicable documents from the MetLife electronic group life systems and tools where various categories of claim file documents are maintained.

3. The documents and records that constitute a complete MetLife group life claim file may be contained in five different electronic systems within the MetLife Group Life Claims department. These systems or tools are:

1. Benefits Information Online Solution (BIOS) - The system used to process Group Life payments and track activities. Within this system is a function called the MetLink submission. MetLink is a feature that allows benefit administrators, Human Resource Outsourcer (HRO) and MetLife employees to submit Group Life claims online in a secured environment.
2. EDM Americas – The image vendor for MetLife Group Life Claim documentation.
3. Documaker/FIV - Used to access the Field Image Viewer (FIV) search site to print letters where Claim Prep has sent automatic claim kits for the customer.
4. Met Process Manager (MPM) – Web-based tool, also known as Life Claim Inquiry, used to communicate with the MetLife Account Manager when individual claim questions arise.
5. Calligo – Web-based program which houses the automated letters generated from BIOS, as well as Individual Customer Summary Plan Descriptions and Certificates of Insurance.

When a claim file is requested, either for a lawsuit or when a claimant or their representative whose claim has been denied requests a copy of his or her claim file pursuant to ERISA, all five systems are reviewed and the documents contained therein that pertain to the life insurance claim are collected, compiled into the single, complete claim file, and produced.

4. On May 18, 2016, I received an email notification from the MetLife legal department that MetLife had received this lawsuit filed by Jayson Crawford. In accordance with

my standard procedures, I began compiling the claim file to place on a share drive with the legal department so the legal department would have access to the claim file and could produce it to MetLife's outside counsel for production in the lawsuit. On or about May 19, 2016, I compiled MetLife's claim file and placed it on the legal share drive.

5. I have reviewed the documents that I understand are copies of documents Plaintiff Jayson Crawford states were not contained in MetLife's claim file as it was produced in this lawsuit. These documents are the MetLink Claim History Inquiry, each individual page of phone comments for the time period of December 24, 2104 through January 21, 2015, and a page of June 2015 emails requesting that a copy of the claim file be prepared to be mailed out. Also, I have reviewed MetLife's complete claim file and compared it to what I prepared and provided to MetLife's legal department for this litigation.

6. The MetLink submission and these phone comments should have been placed on the legal share drive as part of MetLife's claim file. I mistakenly did not include these documents due to human error. I do not specifically recall preparing and providing this claim file to MetLife's legal department via placement on the share drive, but I now believe based on my review of what I placed on the share drive that while downloading the documents, I must have been interrupted and inadvertently did not download the MetLink submission and the last two screens of the phone comments, which is in a different format than those provided by Plaintiff. It was my error and not intentional, because I provided the phone comments (in a different format) from January 21, 2015 through February 19, 2016.

7. After recently learning of this inadvertent mistake, I conferred with MetLife's Operations Manager to determine if the general process in place for compiling and producing claim files from Group Life Claims to the legal department contributed to my mistake. After

reviewing the process, it was determined that the process was sound and appropriate and that I simply made a mistake in not downloading the last two pages of the phone comments and the MetLink submission as noted above.

8. Attached hereto as Exhibit A are true and correct copies of the MetLink submission and the two pages of the phone comments that should have been provided with the claim file that I transferred to the legal share drive on May 19, 2016, for this litigation. These documents, along with the other documents I initially placed on the share drive, constitute a complete copy of MetLife's claim file and along with the Plan documents are all documents received, generated and/or considered by MetLife's group life claims department in making its claim decision. The Plan documents included MetLife's Certificate of Insurance dated January 1, 2014 and Southwest Airlines' January 1, 2014 Summary Plan Description. Included in these documents are (1) all of the documents submitted by Mr. Crawford, his attorneys and the other claimant in support of their claims for the Plan benefits, (2) all documents gathered or created by MetLife's Group Life Claim department during the course of Mr. Crawford's claim, and (3) all of the documents relied upon by MetLife in making its determination to deny Mr. Crawford's claim because he was not the named beneficiary for the Life Plan benefits.

9. The additional page submitted by Plaintiff as being omitted is a page containing June 2015 emails from a Senior Claims Examiner to Claims Examiner Eileen Bronson, instructing Ms. Bronson to prepare the claim file to be mailed out in connection with a request for the claim file made by Mr. Crawford's prior attorney during the administrative process, before this lawsuit was filed. The Claims Examiner printed the email she was sending to the Senior Claims Examiner along with a copy of the claim file, attached the email to the printed claim file and placed it in a location for the Senior Claims Examiner to review. By including the

page of emails with the printed claim file, the Senior Claims Examiner was able to confirm that the correct documents were compiled and prepared for mailing. Such internal emails are not considered part of the claim file, as they are not documents generated, received or relied upon by MetLife in the course of making the claim determination.

10. Beginning January 1, 2013, MetLife became the insurer and claims administrator for the Life Plan. Also, beginning January 1, 2013, MetLife began providing partial recordkeeping services for the Life Plan which included beneficiary records services. As part of its services, MetLife provides the website [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits), which maintains those beneficiary records created by Life Plan participants on or after January 1, 2013.

11. MetLife's claim file reflects that Southwest Airlines Benefits Coordinator Shuranda Paul notified Larry McGuire, Senior Client Services Consultant for MetLife, that Southwest Airlines did not have any electronic beneficiary forms on file for Tracy Crawford and that she was sending over the paper beneficiary form in Tracy Crawford's file. Larry McGuire also confirmed that MetLife did not have any beneficiary designations on file for Tracy Crawford. True and correct copies of those communications are attached hereto as Exhibit B.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 30, 2017.



---

KAY DEE FLEMING

# EXHIBIT A

**MetLINK Claim History Inquiry**

Insured Name: TRACY CRAWFORD  
 Insured SSN: Redacted  
 Employee ID: 455139959

Claim Number: 21412010327  
 Customer Name: SOUTHWEST AIRLINES  
 Dependent Name:

**Claim****Claim Information**

<b>Claim Received Date:</b> 12/23/2014	<b>Type Of Claim:</b> Death
<b>Claim Is For:</b> Employee	<b>MetLink User Name:</b> APRIL FITZGERALD
<b>E-Sign Serial Number:</b> 6310485840	<b>MetLink User Logon:</b> APRIL413971
<b>Override Auto Claim Kit Processing:</b> YES	<b>MetLife Internal/External:</b> INTERNAL
<b>Informant First Name:</b> JAYSON	<b>Informant Initial:</b>
<b>Informant Last Name:</b> CRAWFORD	
<b>Informant Address 1:</b> 1114 14TH STREET	
<b>Informant Address 2:</b>	
<b>Informant City:</b> GALVESTON	<b>Informant State/Province:</b> Texas
<b>Informant Postal/Zip Code:</b> 77550	<b>Informant Country:</b> United States
<b>Informant Phone:</b> 2819019338	<b>Informant Relationship:</b> Spouse
<b>Comments:</b> THE BENE IS A MINOR/ SENDING CLM PKT TO MOTHER	

**Insured****Name And Address Information**

<b>First Name:</b> TRACY	<b>Initial:</b>
<b>Last Name:</b> CRAWFORD	<b>Suffix:</b> (None)
<b>Address Line 1:</b> 1114 14TH STREET	
<b>Address Line 2:</b>	
<b>City:</b> GALVESTON	<b>State/Province:</b> Texas
<b>Postal/Zip Code:</b> 77550	<b>Country:</b> United States

**Profile**

<b>SSN:</b> Redacted	<b>Employee ID:</b> 455139959
<b>Date Of Death:</b> 12/15/2014	<b>Date Of Birth:</b> Redacted
<b>Sex:</b> Female	<b>Date Of Loss:</b>
<b>Type Of Loss:</b>	<b>Job Status:</b> Active Employee
<b>Base Annual Earnings:</b> \$63,495.12	<b>Base Annual Earnings Effective Date:</b> 07/01/2011
<b>Date Of Hire:</b> 07/03/1991	
<b>Date Retired:</b>	<b>Date Last Worked:</b> 12/14/2014
<b>Employee Type:</b> (None)	<b>Employment Status Effective Date:</b>
<b>SIBI?</b>	<b>Reason For Stopping:</b> DEATH

☐  
**Waiver Premium Filed?**
**WP Claim Number:**
☐  
**Insurance Ever Assigned?**
**Date Of Assignment:**
☐  
**Insurance Ever Cancelled?**
**Date Of Cancellation:**
☐  
**Employee/Employer Relationship Terminated?**
**Reason For Termination:**
☐  
**Did The Employee Increase Coverage In The Last 2 Years?**
**Date Of Increase:**
☐  
**Did The Loss Occur While The Insured Was On A Business Trip?**
**Date Premium Stopped:** 12/15/2014**Dependent****Dependent Information****First Name:****Initial:****Last Name:****Suffix:** (None)**Address Line 1:****Address Line 2:****City:****State/Province:****Postal/Zip Code:****Country:****Relationship To Insured:****SSN:****Sex:****Date Of Death:****Date Of Birth:****Date Of Loss:****Type Of Loss:** (None)**Customer****Customer Information****Division Name:** SOUTHFIELD LRK**Employer Contact Last Name:** FITZGERALD**Employer Contact First Name:** APRIL**Address Line 1:** PO BOX 14406**City:** LEXINGTON**State/Province:** Kentucky**Postal/Zip Code:** 40512**Country:** United States**Coverage****Coverage Details****Coverage:** Basic Life - 9011**Report No:** 0149670**Sub Code:** 0002**Branch:** 00007

01/01/2013

**Coverage Amount:** \$50,000.00



**Effective Date Of  
Coverage For Amount  
Claimed:****Coverage End Date:** 12/15/2014**Is The Date Coverage  
Ended Same As Date Of  
Loss?** ☒**Option Description:** Flat Amount**Multiple Times:** 0.0000**Percentage:** 0.0000%**Multiple/Percent  
Application Base:****Calculation Base  
Amount:** \$0.00**Full Amount Of  
Insurance Employee  
Was Enrolled For  
Dismemberment:** \$0.00**Amount Of Life  
Insurance Payable Six  
Months From Date Of  
Claim:** \$0.00**Coverage Details****Coverage:** Optional Employee Life-  
9111**Report No:** 0149670**Sub Code:** 0002**Branch:** 00007**Effective Date Of  
Coverage For Amount  
Claimed:** 01/01/2013**Coverage Amount:** \$381,000.00**Coverage End Date:** 12/15/2014**Is The Date Coverage  
Ended Same As Date Of  
Loss?** ☒**Option Description:** Multiple**Multiple Times:** 6.0000**Percentage:** 0.0000%**Multiple/Percent  
Application Base:** Basic Annual Earnings**Calculation Base  
Amount:** \$63,495.12**Full Amount Of  
Insurance Employee  
Was Enrolled For  
Dismemberment:** \$0.00**Amount Of Life  
Insurance Payable Six  
Months From Date Of  
Claim:** \$0.00**Coverage Details****Coverage:** Voluntary Accidental Death  
- 7671**Report No:** 0149670**Sub Code:** 0002**Branch:** 00007**Effective Date Of  
Coverage For Amount  
Claimed:** 01/01/2013**Coverage Amount:** \$381,000.00**Coverage End Date:** 12/15/2014**Is The Date Coverage  
Ended Same As Date Of  
Loss?** ☐**Option Description:** Multiple**Multiple Times:** 6.0000**Percentage:** 0.0000%**Multiple/Percent  
Application Base:** Basic Annual Earnings**Calculation Base  
Amount:** \$63,495.12

Full Amount Of \$0.00  
Insurance Employee  
Was Enrolled For  
Dismemberment:

Amount Of Life \$0.00  
Insurance Payable Six  
Months From Date Of  
Claim:

#### Coverage Details

Coverage:	
Report No:	Sub Code:
Branch:	
Effective Date Of Coverage For Amount Claimed:	Coverage Amount: \$0.00
Coverage End Date:	Is The Date Coverage Ended Same As Date Of <input type="checkbox"/> Loss?
Option Description:	
Multiple Times: 0.0000	Percentage: 0.0000%
Multiple/Percent Application Base:	Calculation Base Amount: \$0.00
Full Amount Of Insurance Employee Was Enrolled For \$0.00 Dismemberment:	Amount Of Life Insurance Payable Six Months From Date Of \$0.00 Claim:

#### Coverage Details

Coverage:	
Report No:	Sub Code:
Branch:	
Effective Date Of Coverage For Amount Claimed:	Coverage Amount: \$0.00
Coverage End Date:	Is The Date Coverage Ended Same As Date Of <input type="checkbox"/> Loss?
Option Description:	
Multiple Times: 0.0000	Percentage: 0.0000%
Multiple/Percent Application Base:	Calculation Base Amount: \$0.00
Full Amount Of Insurance Employee Was Enrolled For \$0.00 Dismemberment:	Amount Of Life Insurance Payable Six Months From Date Of \$0.00 Claim:

#### Beneficiary

##### Beneficiary Details

Type Of Beneficiary: Person	SSN: Redacted
First Name: COOPER	Middle Initial: T
Last Name: BURNETT	Suffix Name: (None)
Company Name:	Trustee/Charity Contact Person:

<b>Address 1:</b> 10243 CATLETT LN	
<b>Address 2:</b> C/O MANDY BURNETT	
<b>City:</b> LA PORTE	<b>State/Province:</b> Texas
<b>Postal/Zip Code:</b> 77571	<b>Country:</b> United States
<b>Date Of Birth:</b> Redacted	<b>Trust Date:</b>
<b>Phone Number:</b>	
<b>Relationship To Insured:</b> Other	<b>Funeral Assignment Completed?</b> <input type="checkbox"/>
<b>Mail Payment To:</b> Beneficiary	
<b>Mail To Name:</b>	
<b>Mail To Address 1:</b>	
<b>Mail To Address 2:</b>	
<b>Mail To City:</b>	<b>Mail To State/Province:</b>
<b>Mail To Postal/Zip Code:</b>	<b>Mail To Country:</b> United States
<b>Coverage1:</b> Basic Life - 9011	<b>Type:</b> Primary
<b>Benefit Percentage:</b> 100.0000%	<b>Split Equally?</b> NO
<b>Coverage2:</b> Optional Employee Life-9111	<b>Type:</b> Primary
<b>Benefit Percentage:</b> 100.0000%	<b>Split Equally?</b> NO
<b>Coverage3:</b> Voluntary Accidental Death - 7671	<b>Type:</b> Primary
<b>Benefit Percentage:</b> 100.0000%	<b>Split Equally?</b> NO
<b>Coverage4:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage5:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>

#### Beneficiary Details

<b>Type Of Beneficiary:</b> Person	<b>SSN:</b>
<b>First Name:</b> MANDY	<b>Middle Initial:</b> N
<b>Last Name:</b> BURNETT	<b>Suffix Name:</b> (None)
<b>Company Name:</b>	<b>Trustee/Charity Contact Person:</b>
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City:</b>	<b>State/Province:</b>
<b>Postal/Zip Code:</b>	<b>Country:</b> United States
<b>Date Of Birth:</b>	<b>Trust Date:</b>
<b>Phone Number:</b>	
<b>Relationship To Insured:</b> Other	<b>Funeral Assignment Completed?</b> <input type="checkbox"/>
<b>Mail Payment To:</b> Beneficiary	
<b>Mail To Name:</b>	
<b>Mail To Address 1:</b>	
<b>Mail To Address 2:</b>	

**Mail To City:****Mail To State/Province:****Mail To Postal/Zip  
Code:****Mail To Country:** United States**Coverage1:** Basic Life - 9011**Type:** Contingent**Benefit Percentage:** 100.0000%**Split Equally?** NO**Coverage2:** Optional Employee Life-  
9111**Type:** Contingent**Benefit Percentage:** 100.0000%**Split Equally?** NO**Coverage3:** Voluntary Accidental Death  
- 7671**Type:** Contingent**Benefit Percentage:** 100.0000%**Split Equally?** NO**Coverage4:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage5:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Beneficiary Details****Type Of Beneficiary:****SSN:****First Name:****Middle Initial:****Last Name:****Suffix Name:** (None)**Company Name:****Trustee/Charity Contact  
Person:****Address 1:****Address 2:****City:****State/Province:****Postal/Zip Code:****Country:****Date Of Birth:****Trust Date:****Phone Number:****Relationship To  
Insured:****Funeral Assignment  
Completed?** ☐**Mail Payment To:****Mail To Name:****Mail To Address 1:****Mail To Address 2:****Mail To City:****Mail To State/Province:****Mail To Postal/Zip  
Code:****Mail To Country:****Coverage1:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage2:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage3:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage4:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage5:****Type:****Benefit Percentage:** 0.0000%**Split Equally?**

**Beneficiary Details****Type Of Beneficiary:****SSN:****First Name:****Middle Initial:****Last Name:****Suffix Name:** (None)**Company Name:****Trustee/Charity Contact  
Person:****Address 1:****Address 2:****City:****State/Province:****Postal/Zip Code:****Country:****Date Of Birth:****Trust Date:****Phone Number:****Relationship To  
Insured:****Funeral Assignment  
Completed?** ☐**Mail Payment To:****Mail To Name:****Mail To Address 1:****Mail To Address 2:****Mail To City:****Mail To State/Province:****Mail To Postal/Zip  
Code:****Mail To Country:****Coverage1:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage2:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage3:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage4:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Coverage5:****Type:****Benefit Percentage:** 0.0000%**Split Equally?****Beneficiary Details****Type Of Beneficiary:****SSN:****First Name:****Middle Initial:****Last Name:****Suffix Name:** (None)**Company Name:****Trustee/Charity Contact  
Person:****Address 1:****Address 2:****City:****State/Province:****Postal/Zip Code:****Country:****Date Of Birth:****Trust Date:****Phone Number:****Relationship To  
Insured:****Funeral Assignment  
Completed?** ☐

<b>Mail Payment To:</b>	
<b>Mail To Name:</b>	
<b>Mail To Address 1:</b>	
<b>Mail To Address 2:</b>	
<b>Mail To City:</b>	<b>Mail To State/Province:</b>
<b>Mail To Postal/Zip Code:</b>	<b>Mail To Country:</b>
<b>Coverage1:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage2:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage3:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage4:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage5:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>

**Beneficiary Details**

<b>Type Of Beneficiary:</b>	<b>SSN:</b>
<b>First Name:</b>	<b>Middle Initial:</b>
<b>Last Name:</b>	<b>Suffix Name:</b> (None)
<b>Company Name:</b>	<b>Trustee/Charity Contact Person:</b>
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City:</b>	<b>State/Province:</b>
<b>Postal/Zip Code:</b>	<b>Country:</b>
<b>Date Of Birth:</b>	<b>Trust Date:</b>
<b>Phone Number:</b>	
<b>Relationship To Insured:</b>	<b>Funeral Assignment Completed?</b> <input type="checkbox"/>
<b>Mail Payment To:</b>	
<b>Mail To Name:</b>	
<b>Mail To Address 1:</b>	
<b>Mail To Address 2:</b>	
<b>Mail To City:</b>	<b>Mail To State/Province:</b>
<b>Mail To Postal/Zip Code:</b>	<b>Mail To Country:</b>
<b>Coverage1:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage2:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage3:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>
<b>Coverage4:</b>	<b>Type:</b>
<b>Benefit Percentage:</b> 0.0000%	<b>Split Equally?</b>

Coverage5:  
Benefit Percentage: 0.0000%

Type:  
Split Equally?

**Beneficiary Details**

Type Of Beneficiary:	SSN:
First Name:	Middle Initial:
Last Name:	Suffix Name: (None)
Company Name:	Trustee/Charity Contact Person:
Address 1:	
Address 2:	
City:	State/Province:
Postal/Zip Code:	Country:
Date Of Birth:	Trust Date:
Phone Number:	
Relationship To Insured:	Funeral Assignment Completed? <input type="checkbox"/>
Mail Payment To:	
Mail To Name:	
Mail To Address 1:	
Mail To Address 2:	
Mail To City:	Mail To State/Province:
Mail To Postal/Zip Code:	Mail To Country:
Coverage1:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage2:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage3:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage4:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage5:	Type:
Benefit Percentage: 0.0000%	Split Equally?

**Beneficiary Details**

Type Of Beneficiary:	SSN:
First Name:	Middle Initial:
Last Name:	Suffix Name: (None)
Company Name:	Trustee/Charity Contact Person:
Address 1:	
Address 2:	
City:	State/Province:
Postal/Zip Code:	Country:
Date Of Birth:	Trust Date:
Phone Number:	

Relationship To Insured:	Funeral Assignment Completed? <input type="checkbox"/>
Mail Payment To:	
Mail To Name:	
Mail To Address 1:	
Mail To Address 2:	
Mail To City:	Mail To State/Province:
Mail To Postal/Zip Code:	Mail To Country:
Coverage1:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage2:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage3:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage4:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage5:	Type:
Benefit Percentage: 0.0000%	Split Equally?

#### Beneficiary Details

Type Of Beneficiary:	SSN:
First Name:	Middle Initial:
Last Name:	Suffix Name: (None)
Company Name:	Trustee/Charity Contact Person:
Address 1:	
Address 2:	
City:	State/Province:
Postal/Zip Code:	Country:
Date Of Birth:	Trust Date:
Phone Number:	
Relationship To Insured:	Funeral Assignment Completed? <input type="checkbox"/>
Mail Payment To:	
Mail To Name:	
Mail To Address 1:	
Mail To Address 2:	
Mail To City:	Mail To State/Province:
Mail To Postal/Zip Code:	Mail To Country:
Coverage1:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage2:	Type:
Benefit Percentage: 0.0000%	Split Equally?
Coverage3:	Type:
Benefit Percentage: 0.0000%	Split Equally?



**Coverage4:**  
**Benefit Percentage:** 0.0000%  
**Coverage5:**  
**Benefit Percentage:** 0.0000%

**Type:**  
**Split Equally?**  
**Type:**  
**Split Equally?**

**Beneficiary Details**

**Type Of Beneficiary:**

**SSN:**

**First Name:**

**Middle Initial:**

**Last Name:**

**Suffix Name:** (None)

**Company Name:**

**Trustee/Charity Contact  
Person:**

**Address 1:**

**Address 2:**

**City:**

**State/Province:**

**Postal/Zip Code:**

**Country:**

**Date Of Birth:**

**Trust Date:**

**Phone Number:**

**Relationship To  
Insured:**

**Funeral Assignment  
Completed?** ☐

**Mail Payment To:**

**Mail To Name:**

**Mail To Address 1:**

**Mail To Address 2:**

**Mail To City:**

**Mail To State/Province:**

**Mail To Postal/Zip  
Code:**

**Mail To Country:**

**Coverage1:**

**Type:**

**Benefit Percentage:** 0.0000%

**Split Equally?**

**Coverage2:**

**Type:**

**Benefit Percentage:** 0.0000%

**Split Equally?**

**Coverage3:**

**Type:**

**Benefit Percentage:** 0.0000%

**Split Equally?**

**Coverage4:**

**Type:**

**Benefit Percentage:** 0.0000%

**Split Equally?**

**Coverage5:**

**Type:**

**Benefit Percentage:** 0.0000%

**Split Equally?**

**Claim Comments List**

\*\* TO VIEW MORE DATA - SELECT MORE\*\*

Insured Name: TRACY CRAWFORD

Insured SSN: Redacted

Employee ID: 00455139959

M&amp;A Number:

Special Handling Required?: YES

Claim Number: 21412010327

Activity Date: 01/12/2015

Claim Alert JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE

Complex Claim ☒ Yes ☐ No

Divorce (rival) (CR)

Refresh

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim_Contact_History_Comments_Review	Prtty	Contact Name
<input type="checkbox"/> 01/22/2015	Referral to Senior	BRONSON, EILEEN M.		Senior Review	to reivew rival by spouse	Low	
<input type="checkbox"/> 01/21/2015	E mail sent on a claim	BRONSON, EILEEN M.		Follow Up email	to southfield re April, The Employee is Tracy Crawford The beneficiary form you have attached is cutting off the names of the beneficiaries and the name of the insured, however, this form does not look like it?s the correct beneficiary form. The attached form is for insured XXXXX Phillips not Tracy Crawford. Can you please double check the form and verify this is for my employee.	Low	
<input type="checkbox"/> 01/21/2015	E mail sent on a claim	BRONSON, EILEEN M.		Follow Up email	to april for the bene form to be attached to the email as not in dit	Low	
<input type="checkbox"/> 01/21/2015	Email Received	BRONSON, EILEEN M.		No Action	from southfeild re Hi Eileen, I have just uploaded the beneficiary form to you. We rec?d this form from the customer Southwest Airlines Thank you, April Fitzgerald   Group Insurance Administrator   US Life Claims Operations 25330 Telegraph Rd., Suite 440   Southfield, MI		

<https://sisc.prod.bios.metlife.com/submit>

			48033   ( Office: 1-248-603-8040 )  afitzgerald@metlife.com		
			to southfield april fitzgerald re April, The system indicates you are the contact in Southfield for this claim. We have a rival on this claim and there are questions regarding the beneficiary form on file for this claim. Can you please send me the beneficiary designation form on file for this claim? We need the most recent beneficiary form and also any designation forms on file that may name a Jayson Crawford spouse as the beneficiary.		
<input type="checkbox"/>	<u>01/20/2015</u>	E mail sent on a claim BRONSON, EILEEN M.	Follow Up email		Low
<input type="checkbox"/>	<u>01/16/2015</u>	In coming call on a claim Murinka, Kathleen	No Action	REQUESTED FAX NUMBER TO SEND LETTER OF REP EXPLAINED TAT FOR FAXES	MICHAEL YOUNG
<input type="checkbox"/>	<u>01/15/2015</u>	Returned to Claim Examiner Spaven, Annemarie	Further Review Needed	TO Eileen to reach to Southfield for designation.	Low
<input type="checkbox"/>	<u>01/15/2015</u>	E mail sent on a claim BRONSON, EILEEN M.	Follow Up email	to ul a spave as a rush as no response from admin	Low
<input type="checkbox"/>	<u>01/14/2015</u>	In coming call on a claim May, Michael	No Action	CALLER STATED THAT HE AND HIS WIFE REDID HER BFD IN OCT OF 2012 AND NAMED HIM AS THE SOLE, PRIMARY BENE. CALLER IS AWARE THAT SOMEONE ELSE IS NAMED BC THE ONLY INFO THE ER HAD WAS AN OLD PAPER DOC THAT WAS DONE BEFORE 2012. CALLER IS LOOKING TO TAKE LEGAL ACTION IF THE BFD DECISION IS UPHOLD AND NO ELECTRONIC BFD DATA CAN BE FOUND. HE WILL FOLLOW UP WITH US ON FRIDAY AFTERNOON TO SEE IF THERE'S BEEN ANY PROGRESS.	JAYSON CRAWFORD
<input type="checkbox"/>	<u>01/13/2015</u>	In coming call on a claim James, Jonathan	No Action	Caller is parent of a minor bene, asking if custodial guardianship will suffice, adv it does not and will require guardianship over property.	MANDY
<input type="checkbox"/>	<u>01/13/2015</u>	Life Claim Inquiry BRONSON, EILEEN M.	Follow Up Life	last attempt to get docs from larry prior to escelation to ul	Low

<https://sisc.prod.bios.metlife.com/submit>

			Claim Inquiry		
<input type="checkbox"/>	<u>01/13/2015</u>	In coming call on a claim Di Fillippo, Heather	No Action	she is minor bene cooper's mother. explained minor on dep act/guardianship docs. she understands and is working on compelling docs	MANDY
<input type="checkbox"/>	<u>01/13/2015</u>	Di Fillippo, Heather	No Action		

<https://sisc.prod.bios.metlife.com/submit>

**Claim Comments List**

\*\* END OF LIST \*\*

Insured Name: TRACY CRAWFORD

Insured SSN: Redacted

Employee ID: 00455139959

M&amp;A Number:

Special Handling Required?: YES

Claim Number: 21412010327

Activity Date: 01/12/2015

Claim Alert JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92

Complex Claim ☒ Yes ☐ No

Divorce (rival) (CR)

Refresh

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim_Contact_History_Comments_Review	Prt	Contact Name
<input type="checkbox"/> 01/12/2015	In coming call on a claim	Mezza, Dante		No Action	ADV THAT WE HAVE RCVD THE LETTER AND IT IS BEING REVIEWED, GAVE TAT.		JASON
<input type="checkbox"/> 01/08/2015	Life Claim Inquiry	BRONSON, EILEEN M.		Follow Up Life Claim Inquiry	to larry for the bene form and to confirm no bene that names the spouse	Low	
<input type="checkbox"/> 01/08/2015	Correspondence Received	Mender, Beverly		No Action	RECD LETTER FROM HUSBAND JAYSON INDICATING THAT HE SHOULD BE DESIGNATED BENEFICIARY AND DESIGNATION WAS CHNAGED. PER METLINK SUBMISSION , IT LISTS A MINOR CHILD- COMPLEX FOR REVIEW		
<input type="checkbox"/> 01/08/2015	Death Certificate Is Required	Singh, Narendra		Approver Review		High	
<input type="checkbox"/> 01/07/2015	Mail Received	Singh, Narendra		Further Review Needed	RCVD OTHR DOC ON 01/06/2015.	High	
<input type="checkbox"/> 01/06/2015	Email Received	Spaven, Annemarie		No Action	From: McGuire, Larry Sent: Tuesday, January 06, 2015 2:20 PM To: Spaven, Annemarie		

<https://sisc.prod.bios.metlife.com/submit>

Subject: FW: Tracy Crawford xxx-xx-9959  
Annemarie, The husband is faxing in a letter to  
dispute the bene we show for this case. Thanks  
Larry D. McGuire|National Accounts|South  
Customer Unit

<input type="checkbox"/> <u>01/06/2015</u>	In coming call on a claim	Swieton, Colleen	Send Letter	stated that he is rivaling claim - provided fax # to submit to us	Low	JASON CRAWFOR
<input type="checkbox"/> <u>12/24/2014</u>	Claimant Statement Received Date Is Blank For Beneficiary	Webserver id, MetLink	Approver Review		High	COOPER 1 BURNETT

<https://sisc.prod.bios.metlife.com/submit>

# EXHIBIT B

**FAX COVER PAGE** 03/17/15 09:31:57 AM

---

**To:** DIT**Fax Number:** 5702071701**From:**  
**Phone Number:**  
**Fax Number:****Subject:** FW: LCI Escalation-Status Update needed-Claim number 21412010327

---

**Pages (including cover):** 5  
**If there are problems with this facsimile call:**

---

**Message:**

**From:** Brown, Rebecca On Behalf Of Ins\_Oriskany\_Glif\_MPM\_Escalations  
**Sent:** Monday, March 16, 2015 1:47 PM  
**To:** Brennan, Amy  
**Subject:** FW: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Amy,

I am returning to you to continue with your review and refer to continue with review of the appeal. ADMN confirmed if there is no designation completed online, it reverts back to the paper designation, they were not considered no longer valid.

Thanks Becky

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims  
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |  
rabrown@metlife.com

**From:** McGuire, Larry  
**Sent:** Monday, March 16, 2015 1:43 PM  
**To:** Ins\_Oriskany\_Glif\_MPM\_Escalations

---

The Information contained in the following pages is privileged, confidential and intended only for the individual named above. ANY OTHER USE, DISSEMINATION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED AND IS TORTIOUS INTERFERENCE WITH OUR CONFIDENTIAL BUSINESS RELATIONSHIPS. If this document was erroneously sent to you, please notify us immediately at the number listed above and then destroy this document.

---



Cc: Melillo, Nicholas; Brennan, Amy

Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Rebecca,

The Cert and the SPD are silent on the matter. The only mention is that paper will no longer be provided after 06/01/2013 and all future changes will need to be made on our website.

*Thanks*

**Larry D. McGuire|National Accounts|South Customer Unit  
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -  
Fax  
lmcguire@metlife.com**

**From:** Brown, Rebecca **On Behalf Of** Ins\_Oriskany\_Glif\_MPM\_Escalations  
**Sent:** Monday, March 16, 2015 12:37 PM  
**To:** McGuire, Larry  
**Cc:** Melillo, Nicholas; Brennan, Amy  
**Subject:** RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

I'm following to see if you found out on any communications. Your email below indicated you were checking on any communications that may have been sent.

Please advise

Thanks Becky

Rebecca A Brown| Claim Business Consultant | MetLife Group Life Claims  
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |  
rabrown@metlife.com

**From:** McGuire, Larry  
**Sent:** Wednesday, March 11, 2015 8:40 AM  
**To:** Ins\_Oriskany\_Glif\_MPM\_Escalations  
**Cc:** Melillo, Nicholas; Brennan, Amy  
**Subject:** RE: LCI Escalation-Status Update needed-Claim number 21412010327

Amy

No, if there is no bene on listed online with MetLife we revert back to the paper form that SWA had on file prior to the transition. I am double checking any communications.

*Thanks*

**Larry D. McGuire|National Accounts|South Customer Unit  
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -  
Fax  
lmcguire@metlife.com**

**From:** Brown, Rebecca On Behalf Of Ins\_Oriskany\_Glif\_MPM\_Escalations  
**Sent:** Wednesday, March 11, 2015 6:57 AM  
**To:** McGuire, Larry  
**Cc:** Melillo, Nicholas; Brennan, Amy  
**Subject:** RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Thank you for your response. Our question is, the designation in 2008 that names Cooper, was this designation revoked or considered no longer valid when the customer went to online beneficiary designations. If so, was there a communication sent to the insured advising the prior designations would no longer be valid if so, can we be provided with a copy of the letter.

I am showing the LCI is in your "My work" and that you opened the task on 3/10/2015 and you made a note in the note tab (Pend Task Reason) Legal

Please advise

Thanks Becky

Rebecca A Brown| Claim Business Consultant | MetLife Group Life Claims  
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |  
rabrown@metlife.com

**From:** McGuire, Larry  
**Sent:** Tuesday, March 10, 2015 2:23 PM  
**To:** Ins\_Oriskany\_Glif\_MPM\_Escalations  
**Cc:** Melillo, Nicholas; Brennan, Amy  
**Subject:** RE: LCI Escalation-Status Update needed-Claim number 21412010327

Good Afternoon

I do not show any outstanding LCI's, and I have answered this question in the past. There are no other bene forms with MetLife or with SWA.

*Thanks*

**Larry D. McGuire|National Accounts|South Customer Unit  
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -  
Fax  
lmcguire@metlife.com**

**From:** Brown, Rebecca On Behalf OF Ins\_Oriskany\_Glif\_MPM\_Escalations  
**Sent:** Tuesday, March 10, 2015 1:13 PM  
**To:** McGuire, Larry  
**Cc:** Melillo, Nicholas; Brennan, Amy  
**Subject:** RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Please provide a status on this LCI.

Thanks Becky

Rebecca A Brown| Claim Business Consultant | MetLife Group Life Claims  
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |  
rabrown@metlife.com

**From:** Brown, Rebecca  
**Sent:** Thursday, March 05, 2015 9:02 AM  
**To:** McGuire, Larry  
**Cc:** Melillo, Nicholas; Brennan, Amy  
**Subject:** LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412010327-LCI ID# 40942

We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MPM dated 04/28/2008 naming Cooper the great nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employees regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent.

Please advise. As we have an appeal, we need an answer so we can continue with the appeal review

Thanks Becky

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims  
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |  
rabrown@metlife.com

**Larry D. McGuire|National Accounts|South Customer Unit**  
**Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -**  
**Fax**  
**lmcguire@metlife.com**

**From:** Shuranda Paul [mailto:Shuranda.Paul@wnco.com]  
**Sent:** Tuesday, January 06, 2015 11:54 AM  
**To:** McGuire, Larry  
**Subject:** Tracy Crawford xxx-xx-9959

Larry,

The above-mentioned employee passed on 12/15/2014. There was not an electronic beneficiary form on file but I did send over the bene form that was in her file. Her husband stated he was told by MetLife he was not the beneficiary and that SWA sent a bene form with a another name listed. He also stated he was told to call SWA. I've listed his information below – will you please reach out to him.

**Jayson Crawford**  
**281-901-9338**

Thank you,

**Shuranda Paul**  
Benefits Coordinator II  
People Department  
(214) 792-5595

---

\*\*\*\*\* CONFIDENTIALITY NOTICE \*\*\*\*\*

**This e-mail message and all attachments transmitted with it may contain legally privileged and confidential information intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete this message from your system. Thank you.**